

WV Health Innovation Collaborative  
Better Care and Better Health Work Groups  
Meeting Notes  
February 18, 2016

Participating: Nancy Sullivan, WVDHHR, Better Care Chair  
Anne Williams, WVDHHR, Bureau for Public Health, Better Health Co-Chair  
Peg Moss, WVDHHR, Behavioral Health and Health Facilities  
Sharon Carte, WVDHHR, WVCHIP  
Jackie Newson, WVDHHR, Bureau for Public Health, Office of Maternal, Child and Family Health  
Judy Crabtree, Kanawha Coalition for Community Health Improvement  
Jessica Wright, WVDHHR, Bureau for Public Health, Health Promotion and Chronic Disease  
Reshma Sherpa, WVDHHR, Bureau for Public Health, Health Promotion and Chronic Disease  
Laura Casto, WVDHHR, Bureau for Public Health, Office of Nutrition Services  
Dan Christy, WVDHHR, Bureau for Public Health, Health Statistics Center  
Amanda McCarty, WVDHHR, Bureau for Public Health  
Christina Mullins, WVDHHR, Bureau for Public Health, Office of Maternal, Child and Family Health  
Crystal Welch, WV Medical Institute  
Beth Morrison, WVDHHR, Behavioral Health and Health Facilities  
Bruce Atkins, WVDHHR, Bureau for Public Health, Community Health Systems and Health Promotion  
Debbie Waller, WVDHHR

By Phone Leslie Cottrell, WVU, Health Sciences Center, Better Health Co-Chair  
Tracy Delott, UniCare  
Carrie Brainard, Mid-Ohio Health Department  
James Becker, WVDHHR, Bureau for Medical Services/ Marshall University  
Karen Yost, Prester Center  
David Rapp, Wheeling Hospital  
Lillie Clay, WVDHHR, Bureau for Medical Services  
DeeAnn Price, WVDHHR, Bureau for Medical Services  
Leesa Prendergast, WVU, Health Sciences Center  
Valerie Frey-McClung, WVU, Health Sciences Center  
Georgia Narsavage, WVU, Health Sciences Center  
Christine Sturgeon, Westbrook Health Services  
Julie Palas, James Tiger Morton Catastrophic Illness Commission and WV Women's Commission  
Michelle Chappell, American Cancer Society

Nancy Sullivan opened the meeting and welcomed everyone in attendance. Self-introductions were made.

Ms. Sullivan introduced Karen Yost, Chief Executive Officer at Pretera Center. Ms. Yost will be presenting on Trauma Informed Care Practices.

- Trauma is defined as an emotional shock that creates significant and lasting damage to a person's mental, physical and emotional growth. Trauma changes the way people view themselves, others and their world.
- Over 90% of mental health clients have trauma histories.
- In in-state hospitals, estimates range up to 95%.
- 90% or more of women in jails or prisons are victims of physical or sexual abuse.
- Up to 2/3 of men and women in substance abuse treatment report childhood abuse or neglect.
- Similar statistics exist for foster care, juvenile justice, homeless shelters, etc.
- Boys who experience or witness violence are 1000 times more likely to commit violence later on their lives.
- There is a staggering financial burden of childhood abuse and trauma. There is annual direct and annual indirect costs – Total Annual Cost in the US is approximately \$124 billion.
- Trauma is not a diagnostic category. It is best defined by the person who has had the experience. Trauma is an experience or a series of experiences.
- Trauma is often misinterpreted and assigned as systems of disorders, such as depression, bipolar disorder, ADHD, etc. These diagnoses generally do not capture full extent of developmental impact of trauma. Trauma is not a single disorder.
- Trauma is under-reported and under-diagnosed.
- Shared the types of trauma: Acute Trauma, Chronic Trauma, Complex Trauma and System induced Trauma
- There are various factors that create a traumatic experience from loss of a love one, abandonment, domestic violence, etc. Trauma can occur at any age and can impact anyone.
- Shared the ACE Study Pyramid – bridging the gap between childhood trauma and negative consequences later in life. 50% of study participants reported at least one adverse childhood experience; 25% reported at least two or more untreated trauma.
- Adverse childhood experiences increase the risk of heart disease, chronic lung disease, liver disease, diabetes, cancer, mental illness, suicide, substance abuse, poor self-esteem, behavior problems and relationship problems. Four or more traumatic experiences shorten life expectancy by 20 years.
- Shared ACE Study Facts.
- Exposure to trauma can cause impairments in many areas of development and functioning, including:
  - Attachment
  - Biology
  - Mood Regulation
  - Behavioral Control
  - Dissociation
  - Cognition
  - Self-concept
  - Loss & Betrayal
  - Powerlessness
- Trauma has serious consequences for normal development of children's brains, brain chemistry and nervous system. Result in increased levels of stress hormones.

- Traumatic stress reactions vary by an individual's developmental stage and culture.
- Shared the definition of trigger – a conditioned response that happens automatically when faced with a stimuli associated with traumatic experiences.
- Trauma-Informed Paradigm:
  - Understanding of Trauma
  - Understanding of the Consumer/Survivor
  - Understanding of Services
  - Understanding of the Service Relationship
- A Cultural Shift: Core Principles of a Trauma-Informed System
  - Awareness
  - Safety
  - Trustworthiness
  - Choice
  - Collaboration
  - Empowerment
- State of the State for Trauma Informed Care
  - Evidence-based practice team
  - Adoption of report recommendations by Legislative Commission to Study Residential Placement of Children – cross systems
  - System/Organizational Readiness Assistance
  - Significant workforce development/training – specific to systems
  - Implementation of evidence-based clinical practices and trauma screening/assessment practice and tools
  - Trauma Informed Care requirements in licensing standards/SOWs
  - Bureau for Children and Families/Behavioral Health and Health Facilities consultation initiatives
- Shared a list of resources with the group.

A question and answer period followed. If you have additional questions for Ms. Yost, she can be reached at [Karen.Yost@prestera.org](mailto:Karen.Yost@prestera.org)

Ms. Sullivan thanked Ms. Yost for her very informative presentation.

Ms. Sullivan introduced Beth Morrison, WVDHHR, Bureau for Behavioral Health and Health Facilities. Beth will share some Trauma Informed Care Efforts and Funding Opportunities through the Department of Health and Human Resources. Kim Walsh sent her apologies for not being able to be here but she was needed at the Legislature.

- ACE's surveys – tightening awareness  
Handle with Care – The program brings together law enforcement, public school staff and mental health professionals to create a safety net for youngsters, bridging the gap between what happens at home and the hours they spend at school.
- Several bureaus have changed policies and procedures to make training available.
- Creating Cross System Awareness – 2015 Integrated Behavioral Health Conference – lots of workshops about trauma. National Center for Trauma Informed Care – Dr. Joan Gillece, SAMHSA spoke at the conference.
- Secretary Bowling is very much behind raising awareness. Bureau for Behavioral Health and Health Facilities has secured technical assistance from the National Center for at least one year, maybe two. Dr. Gillece and a few other

staff from the National Center will be coming to WV in mid-March to kickoff the technical assistance. Two days they will be visiting 2 state hospitals and will be looking at ways to make practice at those hospitals more trauma informed. On Friday – Stakeholder Kick-Off meeting - invitation only. Will acknowledge all the initiatives that are going on. Invite stakeholders that are doing things around trauma enforced care and trauma informed practices and start putting in place next steps about getting there. There will be an announcement from the Secretary's office confirming the Kick-Off meeting.

- Service Development and Delivery Work Group - The child welfare system joined with the Juvenile Justice system and behavioral health, focusing on kids in foster care and how we can make that system more aware.

Ms. Sullivan asked Ms. Morrison to share some recent funding announcements which were announced in the paper today. You can go to the Bureau for Behavioral Health and Health Facilities website and click on funding opportunities.

<http://www.dhhr.wv.gov/BHMF/Pages/default.aspx>

**AFA 10-2016-CMH Expanded School Mental Health Targeting Region: Statewide, Deadline March 18, 2016 COB-5:00 PM**

**FAQ's AFA 10-2016-CMH Posted 2/12/16**

**NEW FAQ's AFA10-2016-CMH Posted 2/22/16**

**AFA 11-2016 CMH Intensive Case Management Services Using a High Fidelity Wraparound Model Targeting Region: Statewide, Deadline March 11, 2016 COB 5:00 PM**

**FAQ's AFA 11-2016 CMH Posted 2/12/16**

**NEW FAQ's AFA 11-2016 CMH Posted 2/22/16**

**AFA 12-2016- SA Bundled Re-release Substance Use Services Targerling Region: Region Two (2) and Four (4), Deadline March 11, 2016 COB 5:00 PM**

**NEW FAQ's AFA 12-2016 SA Bundled Re-release Posted 2/22/16**

**AFA 13-2016- SA Re-released Peer Coach Services Targeting Region: Statewide, Deadline March 4, 2016 COB 5:00 PM**

**NEW FAQ's AFA 13-2016SA Re-release Peer Coach Services Posted 2/22/16**  
**AFA Assurance Statement**

**AFA Proposal Template**

Ms. Sullivan thanked Ms. Morrison for taking the time to come and share the initiatives that are being worked on through WVDHHR and the funding opportunities through Behavioral Health and Health Facilities.

Jessica Wright, Bureau for Public Health, Health Promotion and Chronic Disease, shared an initiative through Potomac Valley Hospital on National Diabetes Prevention.

Ms. Sullivan expressed interest in a WVHIC joint work group meeting in March, centered around the technical assistance piece through the National Center for Trauma Informed Care. In April, NGA will be visiting WV talking about an initiative that WV is involved in regarding Super Utilizers – those who are utilizing a large amount of health care dollars. We will use that time to hold a WVHIC quarterly meeting where we can share with NGA work being done with the Collaborative work groups. Date and time will be sent out to members as soon as it is confirmed.